

SERFF Tracking Number: META-128033758 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number:
Company Tracking Number: NY12-7 BW
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit
Product Name: Critical Illness Insurance Advertisement
Project Name/Number: CI204.12/NY12-7 BW

Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Critical Illness Insurance SERFF Tr Num: META-128033758 State: Arkansas
Advertisement

TOI: H07G Group Health - Specified Disease - SERFF Status: Closed-Filed State Tr Num:
Limited Benefit

Sub-TOI: H07G.001 Critical Illness Co Tr Num: NY12-7 BW State Status: Filed-Closed
Filing Type: Form Reviewer(s): Donna Lambert

Authors: Sandra Bennett, Ruth

Rivera, Linda Williams

Date Submitted: 01/26/2012 Disposition Date: 01/30/2012

Implementation Date Requested: Disposition Status: Filed
Implementation Date: 01/30/2012

State Filing Description:

General Information

Project Name: CI204.12

Project Number: NY12-7 BW

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer, Association

Filing Status Changed: 01/30/2012

State Status Changed: 01/30/2012

Created By: Sandra Bennett

Corresponding Filing Tracking Number:

Filing Description:

January 26, 2012

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Overall Rate Impact:

Deemer Date:

Submitted By: Sandra Bennett

Arkansas Insurance Department

1200 West 3rd Street

Little Rock, Arkansas 72201-1904

SERFF Tracking Number: META-128033758 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number:
Company Tracking Number: NY12-7 BW
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit
Product Name: Critical Illness Insurance Advertisement
Project Name/Number: CI204.12/NY12-7 BW

Re: Critical Illness Insurance Advertisement
Our NAIC Company No. is 65978
Our FEIN is 13-5581829

Dear Sir/Madam:

We enclose final printed copies of the group critical illness insurance advertising material described below for filing. This material is new and does not replace any material previously filed with the Department. It was developed for use in connection with group critical illness policies issued and delivered to Metropolitan Life employees (The GPNP04-CI group policy series and GCERT04-CI certificate series were approved by your Department on November 8, 2004; the GPNP07-CI group policy series and GCERT07-CI certificate series were approved by your Department on February 8, 2007; and the GPNP09-CI group policy series and GCERT10-CI certificate series were approved by your Department on October 8, 2010). Brackets denote variability.

Form No. / Description

CI204.12

Postcard advising of an enhanced voluntary benefit option.

We enclose the required filing fee.

Please address all correspondence regarding this filing as follows:

Metropolitan Life Insurance Company
Institutional Contracts, MSC 39087
1095 6th Avenue
New York, NY 10036-6796

If you have any questions or comments that you feel could best be handled by contacting me, please feel free to do so via telephone, fax or e-mail (see upper left-hand corner of this letter).

SERFF Tracking Number: META-128033758 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number:
Company Tracking Number: NY12-7 BW
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit
Product Name: Critical Illness Insurance Advertisement
Project Name/Number: CI204.12/NY12-7 BW

Sincerely,

William D. Wilson
Contract Analyst

Company and Contact

Filing Contact Information

William D. Wilson, Staff Analyst
501 Route 22 908-253-2290 [Phone]
Bridgewater, NJ 08807

Filing Company Information

Metropolitan Life Insurance Company	CoCode: 65978	State of Domicile: New York
MetLife	Group Code: 241	Company Type: Life
1095 Avenue of the Americas	Group Name:	State ID Number:
New York, NY 10036-6796	FEIN Number: 13-5581829	
(212) 578-2211 ext. [Phone]		

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company	\$50.00	01/26/2012	55846135

SERFF Tracking Number:	META-128033758	State:	Arkansas
Filing Company:	Metropolitan Life Insurance Company	State Tracking Number:	
Company Tracking Number:	NY12-7 BW		
TOI:	H07G Group Health - Specified Disease - Limited Benefit	Sub-TOI:	H07G.001 Critical Illness
Product Name:	Critical Illness Insurance Advertisement		
Project Name/Number:	CI204.12/NY12-7 BW		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Donna Lambert	01/30/2012	01/30/2012

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Donna Lambert	01/27/2012	01/27/2012	Sandra Bennett	01/30/2012	01/30/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Type: Advertising	Note To Filer	Donna Lambert	01/27/2012	01/27/2012

<i>SERFF Tracking Number:</i>	<i>META-128033758</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>NY12-7 BW</i>		
<i>TOI:</i>	<i>H07G Group Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07G.001 Critical Illness</i>
<i>Product Name:</i>	<i>Critical Illness Insurance Advertisement</i>		
<i>Project Name/Number:</i>	<i>CI204.12/NY12-7 BW</i>		

Disposition

Disposition Date: 01/30/2012

Implementation Date: 01/30/2012

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: META-128033758 State: Arkansas

Filing Company: Metropolitan Life Insurance Company State Tracking Number:

Company Tracking Number: NY12-7 BW

TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit

Product Name: Critical Illness Insurance Advertisement

Project Name/Number: CI204.12/NY12-7 BW

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Filed	Yes
Supporting Document	Application	Filed	Yes
Supporting Document	L-A&H NAIC Transmittal Document 1-1-2009	Filed	Yes
Supporting Document	Analyst Response Letter - 1/30/12	Filed	Yes
Form (<i>revised</i>)	Postcard advising of an enhanced voluntary benefit option	Filed	Yes
Form	Postcard advising of an enhanced voluntary benefit option	Replaced	Yes

SERFF Tracking Number: META-128033758 State: Arkansas
Filing Company: Metropolitan Life Insurance Company State Tracking Number:
Company Tracking Number: NY12-7 BW
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit
Product Name: Critical Illness Insurance Advertisement
Project Name/Number: CI204.12/NY12-7 BW

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 01/27/2012
Submitted Date 01/27/2012
Respond By Date 03/27/2012

Dear William D. Wilson,

This will acknowledge receipt of the captioned filing.

Objection 1

- Postcard advising of an enhanced voluntary benefit option, CI204.12 (Form)

Comment: An advertisement cannot invite the prospective applicant to refer to a document that is not provided at the time of solicitation. Please remove the statement, "A more detailed description of the benefits, limitations, and exclusions applicable to you can be found in the Disclosure Statement or Outline of Coverage/Disclosure Document," if the Endorsement will not be available. You may revise the sentence to add that the disclosure documents will be available at policy delivery, if that is the case.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Donna Lambert

SERFF Tracking Number: META-128033758 State: Arkansas

Filing Company: Metropolitan Life Insurance Company State Tracking Number:

Company Tracking Number: NY12-7 BW

TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit

Product Name: Critical Illness Insurance Advertisement

Project Name/Number: CI204.12/NY12-7 BW

Response Letter

Response Letter Status Submitted to State

Response Letter Date 01/30/2012

Submitted Date 01/30/2012

Dear Donna Lambert,

Comments:

The analyst is responding to your objection dated January 27, 2012.

Response 1

Comments: Attached is the analyst response letter for your review.

Related Objection 1

Applies To:

- Postcard advising of an enhanced voluntary benefit option, CI204.12 (Form)

Comment:

An advertisement cannot invite the prospective applicant to refer to a document that is not provided at the time of solicitation. Please remove the statement, "A more detailed description of the benefits, limitations, and exclusions applicable to you can be found in the Disclosure Statement or Outline of Coverage/Disclosure Document," if the Endorsement will not be available. You may revise the sentence to add that the disclosure documents will be available at policy delivery, if that is the case.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Analyst Response Letter - 1/30/12

Comment: Letter Response to 1-27-12 Objection

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Postcard advising of an enhanced voluntary benefit option	CI204.12		Advertising	Initial			Form CI204.12 - MET I&R -

<i>SERFF Tracking Number:</i>	<i>META-128033758</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>NY12-7 BW</i>		
<i>TOI:</i>	<i>H07G Group Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07G.001 Critical Illness</i>
<i>Product Name:</i>	<i>Critical Illness Insurance Advertisement</i>		
<i>Project Name/Number:</i>	<i>CI204.12/NY12-7 BW</i>		

Coming
Soon -
Postcard
Home
Mailing
_Arkansas
.pdf

Previous Version

<i>Postcard advising of an CI204.12 enhanced voluntary benefit option</i>	<i>Advertising</i>	<i>Initial</i>
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MET I&R -
Coming
Soon -
Postcard
Home
Mailing -
Last
Final.pdf

No Rate/Rule Schedule items changed.

Thank You!

Sandra Bennett
(212) 578-7329

Sincerely,
Linda Williams, Ruth Rivera, Sandra Bennett

Note To Filer

Donna Lambert on 01/27/2012 01:03 PM

Donna Lambert

01/30/2012 03:48 PM

Filing Type: Advertising

Please use the "Advertising" Filing Type instead of "Form" on your next advertising submission. Thank you so much.

SERFF Tracking Number: META-128033758 State: Arkansas

Filing Company: Metropolitan Life Insurance Company State Tracking Number:

Company Tracking Number: NY12-7 BW

TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit

Product Name: Critical Illness Insurance Advertisement

Project Name/Number: CI204.12/NY12-7 BW

Form Schedule

Lead Form Number: CI204.12

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 01/30/2012	CI204.12	Advertising	Postcard advising of an enhanced voluntary benefit option	Initial			Form CI204.12 - MET I&R - Coming Soon - Postcard Home Mailing _Arkansas.pdf

Front Panel:



MetLife Associates:

Coming Soon

**Enhanced
Voluntary Benefit Option
from
MetLife Critical Illness Insurance**

February 6-17, 2012

Back Panel



MetLife Associates:

Enhanced Simplified Enrollment Process from MetLife Critical Illness Insurance

MetLife Critical Illness Insurance (CII) will offer an enhanced voluntary benefit option with a simplified enrollment process **February 6-17, 2012**. It only takes a few minutes to enroll yourself and your eligible dependents on the *MyBenefits* website. Provided you are Actively At Work and have medical insurance, your CII application will be accepted.

Additional Financial Support When You Need it Most

- Medical insurance pays for many of the expenses associated with a critical illness. However, there are additional costs you could face during treatment and recovery such as maintaining a household, transportation to medical facilities and additional child care.
- MetLife CII can help alleviate some of these financial concerns by paying you a lump sum amount if you experience a covered Critical Illness and meet the policy and certificate requirements.

You will receive an email from MetLife CII with more information on or about **February 6, 2012**. If you have any questions, please call **1 800 GET-MET 8** (1-800-438-6388).

MetLife Critical Illness Insurance (CII) is a limited group policy. Like most group accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability vary by state. In most states, there is a 30-90 day waiting period after the effective date of coverage and a preexisting condition exclusion. In some states there is a benefit suspension period between covered conditions in different categories or a limit on the total benefit payments per calendar year. A more detailed description of the benefits, limitations, and exclusions applicable to you can be found in the Disclosure Statement or Outline of Coverage/Disclosure Document available at the time of enrollment. Please contact MetLife for more information.

These communications and the MyBenefits website, with respect to Critical Illness Insurance, are provided by MetLife as the seller of insurance products and not from MetLife as your employer or employee benefit plan sponsor.

L0112232266[exp1212][All States][DC,PR,VI]

CI204.12

<i>SERFF Tracking Number:</i>	<i>META-128033758</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>NY12-7 BW</i>		
<i>TOI:</i>	<i>H07G Group Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07G.001 Critical Illness</i>
<i>Product Name:</i>	<i>Critical Illness Insurance Advertisement</i>		
<i>Project Name/Number:</i>	<i>CI204.12/NY12-7 BW</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification	Filed	01/30/2012
Bypass Reason: The requirement listed above is not applicable for this filing submitted.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application	Filed	01/30/2012
Bypass Reason: The requirement listed aobove is not applicable for this filing submission.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: L-A&H NAIC Transmittal Document 1-1-2009	Filed	01/30/2012
Comments: L-A&H NAIC Transmittal Document 1-1-2009		
Attachment: L-A&H NAIC Transmittal Document 1-1-2009.pdf		

	Item Status:	Status Date:
Satisfied - Item: Analyst Response Letter - 1/30/12	Filed	01/30/2012
Comments: Letter Response to 1-27-12 Objection		
Attachment: Letter Response to 1-27-12 Objection.pdf		

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
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2.	Department Use Only	
	State Tracking ID	

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Metropolitan Life Insurance Company Institutional Contracts 1095 Avenue of the Americas New York, NY 10036-6796	NY		241	65978	13-5581829	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	William D. Wilson MetLife Institutional Contracts 501 Route 22 Bridgewater Twnsp., NJ 08807	(908) 253-2290	(908) 253-2126	wwilson@metlife.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	NY12-7
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____
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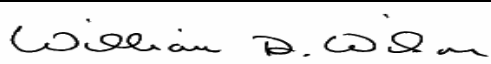
8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input checked="" type="checkbox"/> Large <input type="checkbox"/> Small and Large <input checked="" type="checkbox"/> Employer <input checked="" type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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9.	Type of Insurance (TOI)	H07G Group Health – Specified Disease – Limited Benefit
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10.	Sub-Type of Insurance (Sub-TOI)	H07G.001 Critical Illness
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11.	Submitted Documents	<input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input checked="" type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other Rates <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____
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12.	Filing Submission Date	January 26, 2012	
13	Filing Fee (If required)	Amount _____	Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Number _____
14.	Date of Domiciliary Approval		
15.	Filing Description:		
	<p>Please see our filing letter for details concerning this filing.</p>		

16.	Certification (If required)
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u></p>	
<p>Print Name <u>William D. Wilson</u> Title <u>Contract Analyst</u></p>	
<p>Signature <u></u> Date: <u>January 26, 2012</u></p>	

17.	Form Filing Attachment			
This filing transmittal is part of company tracking number			NY12-7	
This filing corresponds to rate filing company tracking number				
	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Enhanced Benefit Option	CI204.12	<input checked="" type="checkbox"/> Initial	
	Postcard		<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
			<input type="checkbox"/> Other _____	

18.	Rate Filing Attachment			
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing			%	
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1

Metropolitan Life Insurance Company
501 Route 22, Bridgewater Township, NJ 08807
Tel: 908 253-2290 Fax: 908 253-2126
E-mail: wwilson@metlife.com

MetLife®

Bill Wilson

Group and SBC Contracts & Compliance Division

January 30, 2012

Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Re: Critical Illness Insurance Advertisement
Our NAIC Company No. is 65978
Our FEIN is 13-5581829

Dear Sir/Madam:

This letter is in response to your objection letter of January 27, 2012. Per conversation by my associate, Juliane Kowalski, with your Department today, we have revised the disclaimer of form CI204.12 to add the clause "available at the time of enrollment" to the disclaimer. This is MetLife advertising for MetLife employees, and we request your Department's approval at your earliest convenience, as we are soon approaching the period of open enrollment.

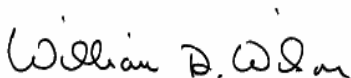
We apologize for any inconvenience, and look forward to your Department's approval of this submission at your earliest convenience.

Please address all correspondence regarding this filing as follows:

Metropolitan Life Insurance Company
Institutional Contracts, MSC 39087
1095 6th Avenue
New York, NY 10036-6796

If you have any questions or comments that you feel could best be handled by contacting me, please feel free to do so via telephone, fax or e-mail (see upper left-hand corner of this letter).

Sincerely,



William D. Wilson
Contract Analyst

NY12-7

<i>SERFF Tracking Number:</i>	<i>META-128033758</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company</i>	<i>State Tracking Number:</i>	
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<i>TOI:</i>	<i>H07G Group Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07G.001 Critical Illness</i>
<i>Product Name:</i>	<i>Critical Illness Insurance Advertisement</i>		
<i>Project Name/Number:</i>	<i>CI204.12/NY12-7 BW</i>		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
01/26/2012	Form	Postcard advising of an enhanced voluntary benefit option	01/30/2012	MET I&R - Coming Soon - Postcard Home Mailing - Last Final....pdf (Superceded)

Front Panel:



MetLife Associates:

Coming Soon

**Enhanced
Voluntary Benefit Option
from
MetLife Critical Illness Insurance**

February 6-17, 2012

Back Panel



MetLife Associates:

Simplified Enrollment Process from MetLife Critical Illness Insurance

MetLife Critical Illness Insurance (CII) will offer an enhanced voluntary benefit option with a simplified enrollment process **February 6-17, 2012**. It only takes a few minutes to enroll yourself and your eligible dependents on the *MyBenefits* website. Provided you are Actively At Work and have medical insurance, your CII application will be accepted.

Additional Financial Support When You Need it Most

- Medical insurance pays for many of the expenses associated with a critical illness. However, there are additional costs you could face during treatment and recovery such as maintaining a household, transportation to medical facilities and additional child care.
- MetLife CII can help alleviate some of these financial concerns by paying you a lump sum amount if you experience a covered Critical Illness and meet the policy and certificate requirements.

You will receive an email from MetLife CII with more information on or about **February 6, 2012**. If you have any questions, please call **1 800 GET-MET 8** (1-800-438-6388).

MetLife Critical Illness Insurance (CII) is a limited group policy. Like most group accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability vary by state. In most states, there is a 30-90 day waiting period after the effective date of coverage and a preexisting condition exclusion. In some states there is a benefit suspension period between covered conditions in different categories or a limit on the total benefit payments per calendar year. A more detailed description of the benefits, limitations, and exclusions applicable to you can be found in the Disclosure Statement or Outline of Coverage/Disclosure Document. Please contact MetLife for more information.

These communications and the MyBenefits website, with respect to Critical Illness Insurance, are provided by MetLife as the seller of insurance products and not from MetLife as your employer or employee benefit plan sponsor.